

09/15/03
15866 U.S. PTO

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

DISCLOSURE NUMBER	ANTICIPATED CLASSIFICATION OF THIS APPLICATION:		PRIOR APPLICATION	
	CLASS	SUBCLASS	EXAMINER	ART UNIT
12008.32USC7	029	831000	Nguyen, Donghai D	3729

CERTIFICATE UNDER 37 CFR 1.10:

"Express Mail" mailing label number: EV347831344US
Date of Deposit: September 15, 2003

I hereby certify that this paper or fee is being deposited with the U.S. Postal Service "Express Mail Post Office to Addressee" service under 37 CFR 1.10 on the date indicated above and is addressed to Mail Stop Patent Application, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

By: Teresa Anderson
Name: Teresa Anderson

22151 U.S. PTO
10/663153
09/15/03

CONTINUATION APPLICATION UNDER 37 C.F.R. § 1.53(b)

Mail Stop Patent Application
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

This is a request for filing a continuation application under 37 CFR § 1.53(b) of Serial No. 09/594,285, filed on June 15, 2000 entitled METHOD OF MANUFACTURING SMALL VOLUME IN VITRO ANALYTE SENSOR by the following inventor(s):

Full Name Of Inventor	Family Name	First Given Name	Second Given Name
Residence & Citizenship	City	State or Foreign Country	Country of Citizenship
Post Office Address	Post Office Address	City	State & Zip Code/Country
Full Name Of Inventor	Family Name	First Given Name	Second Given Name
Residence & Citizenship	City	State or Foreign Country	Country of Citizenship
Post Office Address	Post Office Address	City	State & Zip Code/Country
Full Name Of Inventor	Family Name	First Given Name	Second Given Name
Residence & Citizenship	City	State or Foreign Country	Country of Citizenship
Post Office Address	Post Office Address	City	State & Zip Code/Country
Full Name Of Inventor	Family Name	First Given Name	Second Given Name
Residence & Citizenship	City	State or Foreign Country	Country of Citizenship
Post Office Address	Post Office Address	City	State & Zip Code/Country

Full Name Of Inventor	Family Name VIVOLO	First Given Name JOSEPH	Second Given Name A.
Residence & Citizenship	City SAN FRANCISCO	State or Foreign Country CALIFORNIA	Country of Citizenship USA
Post Office Address	Post Office Address 1548 HAIGHT STREET	City SAN FRANCISCO	State & Zip Code/Country CALIFORNIA 94117/USA
Full Name Of Inventor	Family Name FUNDERBURK	First Given Name JEFFERY	Second Given Name V.
Residence & Citizenship	City FREMONT	State or Foreign Country CALIFORNIA	Country of Citizenship USA
Post Office Address	Post Office Address 37670 CARRIAGE CIRCLE COMMON	City FREMONT	State & Zip Code/Country CALIFORNIA 94536/USA
Full Name Of Inventor	Family Name COLMAN	First Given Name FREDRIC	Second Given Name C.
Residence & Citizenship	City OAKLAND	State or Foreign Country CALIFORNIA	Country of Citizenship USA
Post Office Address	Post Office Address 13864 CAMPUS DRIVE	City OAKLAND	State & Zip Code/Country CALIFORNIA 94605/USA
Full Name Of Inventor	Family Name KRISHNAN	First Given Name RAJESH	Second Given Name
Residence & Citizenship	City FREMONT	State or Foreign Country CALIFORNIA	Country of Citizenship INDIA
Post Office Address	Post Office Address 4211 CENTRAL AVENUE, APARTMENT #1	City FREMONT	State & Zip Code/Country CALIFORNIA 94536/USA

1. ☒ Enclosed is the application; including the specification, claims, drawings, a signed oath or declaration from the prior application. The continuing application is as follows: 98 pages of specification, 21 claims, 1 page of abstract, 28 sheets of drawings, and 5 pages of oath or declaration.
- ☒ The entire disclosure of the prior application, from which a copy of the oath or declaration is supplied, is considered as being part of the disclosure of the accompanying application and is hereby incorporated by reference therein.
2. ☐ Cancel original claims of this application before calculating the filing fee. (At least one original independent claim must be retained for filing purposes.)
3. ☒ The filing fee is calculated below:

CLAIMS AS FILED

NUMBER FILED	NUMBER EXTRA		RATE	FEE
TOTAL CLAIMS: 21 -20	1	x	\$18.00	18.00
INDEPENDENT CLAIMS 2 -3	0	x	\$84.00	0.00
			BASIC FILING FEE:	\$740.00
			TOTAL FILING FEE:	758.00

- ☐ Small entity status is claimed pursuant to 37 CFR 1.27.
4. ☒ Payment of fees:
☒ Attached is a check in the amount of 758.00
☐ Please charge Deposit Account No. 13-2725.
5. ☒ The Commissioner is hereby authorized to charge any additional fees as set forth in 37 CFR §§ 1.16 to 1.18 which may be required by this paper or credit any overpayment to Account No. 13-2725.
6. ☐ Amend the specification by inserting before the first line the sentence:
7. ☒ A set of formal drawings (28 sheets) is enclosed.
8. ☐ Priority of application Serial No. , filed on in , is claimed under 35 U.S.C. 119.
☐ The certified copy has been filed in prior application Serial No. , filed .
9. ☒ The prior application is assigned of record to TheraSense, Inc. located at Alameda, California.
10. ☒ The Power of Attorney in the prior application is to:

Merchant & Gould P.C.
Minneapolis, MN 55402-2215
11. ☐ A preliminary amendment is enclosed. (Claims added by this amendment have been properly numbered consecutively beginning with the number next following the highest numbered original claim in the prior application.)
☐ Fee for excess claims is attached.
12. ☐ A petition and fee has been filed to extend the term in the prior application until . A copy of the petition for extension of time in the prior application is attached.
13. ☐ The inventor(s) in this application are less than those named in the prior application and it is requested that the following inventors identified above for the prior application be deleted:
14. ☐ A Nonpublication Request under 37 CFR 1.213(a) is enclosed.
15. ☐ Also Enclosed:
16. ☒ Address all future communications to the **Attention of Mara E. Liepa** (may only be completed by attorney or agent of record) at the address below.

17. ☒ A return postcard is enclosed.

Respectfully submitted,

MERCHANT & GOULD P.C.
P.O. Box 2903
Minneapolis, MN 55402-0903
612.332.5300



Date: 15 Sept 2003

Mara E. Liepa
Mara E. Liepa
Reg. No. 40,066
MELIEPA:rlr